



## 2015 CONTINUUM OF CARE PROGRAM PERMANENT SUPPORTIVE HOUSING APPLICATION FOR THE 2015-2016 PROGRAM YEAR (NEW/BONUS)

SAN LUIS OBISPO COUNTY DEPARTMENT OF PLANNING AND BUILDING

976 OSOS STREET • ROOM 200 • SAN LUIS OBISPO • CALIFORNIA 93408 • (805) 781-5600

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### PERMANENT SUPPORTIVE HOUSING BONUS GRANT APPLICATION (NEW)

Application deadline is 5:00 pm, Friday, October 16<sup>th</sup>, 2015. Applications must be received by the County prior to close of the business day. Postmarked dated mail received after the deadline WILL NOT be accepted.

#### **Question 1: Type**

Type of Application: Permanent Supportive Housing Bonus

*(please note that all PSH projects must be scattered site apartments if utilizing leasing funds)*

Project Name:

Estimated Operating Year Start and End Dates: \_\_\_/\_\_\_/2015 - \_\_\_/\_\_\_/\_\_\_ (projects must be operating by no later than September 30, 2016 or 6 months after the award letter).

Proposed grant term: 1 year ☐ 2 years ☐ 3 years ☐

#### **Question 2: Subrecipient Organization**

2A. Organization and/or Applicant Name: \_\_\_\_\_

2B. Organizational DUNS: \_\_\_\_\_

2C. Physical Address: \_\_\_\_\_

2D. Contact Person/Title, Phone Number and Email: \_\_\_\_\_

2E. Describe the experience of your agency in effectively utilizing federal funds and performing the activities proposed in the application, given funding and time limitations.



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2F. Describe your agency's basic organization and management structure (if any). Include evidence of internal and external coordination and an adequate financial accounting system.

### **Question 3: Project Detail/Description**

3A. Project Description that addresses the entire scope of the project. Describe a) target population(s) to be served, b) the plan for addressing the identified needs/issues of the CoC target population(s), c) projected outcome(s), d) coordination with other source(s)/partner(s), and e) maximum length of assistance. The narrative is expected to describe the project at full operational capacity. The description should be consistent with and make reference to other parts of this application.



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*3A.1. How will your organization engage homeless who routinely sleep on the streets or other places for not meant human habitation (i.e. attending a monthly committee with partner agencies to plan outreach and discuss clients, and/or partnering with the police or a soup kitchen to identify homeless)?*

*3A.2. Please identify ways that your agency is identifying alternative sources for supportive services.*

3B. Describe the estimated schedule for the proposed activities, the management plan, and the method for assuring effective and timely completion of all work.



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3C. Will your project have a specific population focus? ☐ If yes, please select all that apply.

Select 'Yes,' to indicate that your project will have special capacity in its facilities, program designs, tools, outreach or methodologies for the chronically homeless and any other specific subpopulation(s). This does not mean that your project will exclusively serve the other subpopulation(s), but rather that your project will be uniquely equipped to serve them. In the project description above (#1), the project applicant must clearly describe the system it currently uses to determine severity of need for the chronically homeless, its process for prioritizing persons with the most severe needs, and the outreach process used to engage chronically homeless persons living on the streets and in shelter.

Please select from below if your project has a specific population focus.

Chronic Homeless ☐ Youth (under 25) ☐ Domestic Violence ☐

Veterans ☐ Families with Children ☐ Substance Abuse ☐

Mental Illness ☐ HIV/AIDS ☐ Not Applicable ☐

3D. Please identify a) ways that your agency is identifying alternative sources for supportive services, b) the specific activities that are in place to identify and enroll all Medi-Cal eligible program participants, and c) that the project includes Medi-Cal financed services including case management, tenancy supports, behavioral health services, or other services important to supportive housing stability.

3E. Describe how participants will be assisted to obtain and remain in permanent housing.



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3F. Describe specifically how participants will be assisted to increase their employment and/or income and to maximize their ability to live independently.

3G. Does your project follow a Housing First Model? ☐ Please describe. As a reminder, a centralized or coordinated assessment (a CoC Program compliance requirement) is a process designed to coordinate program participant intake, assessment, and provision of referrals. A centralized or coordinated assessment system covers the geographic area, is easily accessed by individuals and families seeking housing or services, is well advertised, and includes a comprehensive and standardized assessment tool and process.

3H. How does your agency affirmatively further fair housing as detailed in 24 CFR 578.93(c)? 24 CFR 578.93(c) states that 1) agencies must affirmatively market their housing and supportive services to eligible persons regardless of race, color, national origin, religion, sex, age, familial status, or handicap who are least likely to apply in the absence of special outreach, and maintain records of those marketing activities, 2) where your agency encounters a condition or action that impedes fair housing choice for current or prospective program participants, information is provided to the jurisdiction that provided the certificate of the consistency with the Consolidated Plan (in SLO County, these are referred to California Rural Legal Assistance), and 3) Provide program participants with information on rights and remedies available under applicable federal, State and local fair housing and civil rights laws.

3I. Is Energy Star used at one or more of the proposed properties? ☐



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### **Question 4: Supportive Services for Participants**

4A. Are the proposed project policies and practices consistent with the laws related to providing education services to individuals and families? Yes ☐ No ☐ Not Applicable ☐

4B. Does the proposed project have a designated staff person to ensure that the children are enrolled in school and receive educational services, as appropriate? Yes ☐ No ☐

*If 'No', describe the manner in which the project applicant will take into account the educational needs of children when youth and/or families are placed into housing.*

4C. For all supportive services available to participants, indicate who will provide them, how they will be accessed, and how often they will be provided.

<b>Supportive Services</b>	<b>Provider</b> (Subrecipient, Partner, or Non-Partner)	<b>Frequency</b> (Daily, Weekly, Bi-Weekly, Bi-Monthly, Monthly, Quarterly, Semi-Annually, Annually)
Assessment of Service Needs		
Assistance with Moving Costs		
Case Management		
Child Care		
Education Services		
Employment Assistance and Job Training		
Food		
Housing Search and Counseling Services		
Legal Services		
Life Skills Training		
Mental Health Services		
Outpatient Health Services		



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<b>Supportive Services</b>	<b>Provider</b> (Subrecipient, Partner, or Non-Partner)	<b>Frequency</b> (Daily, Weekly, Bi-Weekly, Bi-Monthly, Monthly, Quarterly, Semi-Annually, Annually)
Outreach Services		
Substance Abuse Treatment Services		
Transportation		
Utility Deposits		

4D. Please identify whether the project includes the following activities.

4D.1. Transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs? Yes ☐ No ☐

4D.2. Use of a single application form for four or more mainstream programs? Yes ☐ No ☐

4D.3. At least annual follow-ups with participants to ensure mainstream benefits are received and renewed? Yes ☐ No ☐

4E. Do project participants have access to SSI/SSDI technical assistance provided by the applicant, a subrecipient or partner agency? Yes ☐ No ☐

If yes, has the staff person providing the technical assistance completed SOAR training in the past 24 months? Yes ☐ No ☐

4F. Housing Type and Location.

<b>Total Units:</b>	
<b>Total Beds:</b>	
<b>Total Youth Beds:</b>	

Housing Type (select one):

Barracks ☐ Dormitory ☐ Shared Housing ☐ SRO ☐  
Clustered Apartment ☐ Scattered Site Apartment ☐

\*Please include a list of unit addresses and the number of bedrooms in each unit on an attached sheet.



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### **Question 5: Project Participants**

5A. List the number of households or persons served at maximum program capacity. The numbers are intended to reflect a single point in time at maximum occupancy and not the number served over the course of a year/grant term.

Households: Enter the number of households under at least one of the categories: Households with at least One Adult and One Child, Adult Households without Children, or Households with Only Children.

Households with at least One Adult and One Child: Enter the total number of households with at least one adult and one child. To fall under this column and household type, there must be at least one person at or above the age of 18, and at least one person under the age of 18.

Adult Households without Children: Enter the total number of adult households without children. To fall under this column and household type, there must be at least one person at or above the age of 18, and no persons under 18.

Households with Only Children: Enter the total number of households with only children. To fall under this column and household type, there may not be any persons at or above the age of 18, and only persons under the age of 18.

<b>All Households</b>	<b>Households with at Least One Adult and One Child</b>	<b>Adult Households without Children</b>	<b>Households with Only Children</b>	<b>Total</b>

<b>Characteristics</b>	<b>Persons in Households with at Least One Adult and One Child</b>	<b>Adult Persons in Households without Children</b>	<b>Persons in Households with Only Children</b>	<b>Total</b>
Disabled Adults over age 24				
Non-disabled Adults over age 24				
Disabled Adults ages 18-24				
Non-disabled Adults ages 18-24				
Accompanied Disabled Children under 18				
Accompanied Non-disabled Children under 18				
Unaccompanied Disabled Children under 18				
Unaccompanied Non-disabled Children under 18				
<b>Total Number of Adults over age 24</b>				
<b>Total Number of Adults ages 18-24</b>				
<b>Total Number of Children under age 18</b>				
<b>Total Persons</b>				





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### 5b. Subpopulations

#### Persons in Households with at Least One Adult and One Child

Characteristics	Chronicall y Homeless Non- Veterans	Chronic ally Homele ss Veteran s	Non- Chronic ally Homele ss Veteran s	Chroni c Substa nce Abuse	Persons with HIV/AI DS	Severel y Mentall y Ill	Victims of Domest ic Violenc e	Physica l Disabili ty	Develop mental Disabilit y	Persons not represen ted by listed subpopu lations
Disabled Adults over age 24										
Non-disabled Adults over 24										
Disabled Adults ages 18-24										
Non-disabled Adults ages 18- 24										
Disabled Children under age 18										
Non-disabled Children under age 18										
<b>Total Persons</b>										

#### Persons in Households without Children

Characteristics	Chronicall y Homeless Non- Veterans	Chronic ally Homele ss Veteran s	Non- Chronic ally Homele ss Veteran s	Chroni c Substa nce Abuse	Persons with HIV/AI DS	Severel y Mentall y Ill	Victims of Domest ic Violenc e	Physica l Disabili ty	Develop mental Disabilit y	Persons not represen ted by listed subpopu lations
Disabled Adults over age 24										
Non-disabled Adults over 24										
Disabled Adults ages 18-24										
Non-disabled Adults ages 18- 24										
<b>Total Persons</b>										



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### Persons in Households with Only Children

Characteristics	Chronic ally Homeless Non- Veterans	Chronic ally Homeless Veterans	Non- Chronic ally Homeless Veterans	Chronic Substance Abuse	Persons with HIV/AIDS	Severely Mentally Ill	Victims of Domestic Violence	Physical Disability	Developmental Disability	Persons not represented by listed subpopulations
Accompanied Disabled Children under age 18										
Accompanied Non-disabled Children under age 18										
Unaccompanied Disabled Children under age 18										
Unaccompanied Non-disabled Children under age 18										
<b>Total Persons</b>										

### Question 6: Performance Measures

6A. Persons remaining in permanent housing at the end of operating year, or exiting to permanent housing destinations during the operating year.

Target Number	Total Anticipated Population of Persons Served (Universe)

6B.1. Adults who increased their total income (from all sources) as of the end of the operating year or project exit

Target Number	Total Anticipated Population of Persons Served (Universe)

6B.2. Adults who increased their earned income as of the end of the operating year or project year

Target Number of Persons Served	Total Anticipated Population of Persons Served (Universe)



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### 6C. Optional – Additional Performance Measures as implemented by the applicant.

Proposed Measure	Data Source (i.e. HMIS) and method of data collection used to measure results	Rationale for why the proposed measure is an appropriate indicator of performance for this program	Target Number	Total Anticipated Population of Persons Served (Universe)
1.				
2.				
3.				

### **Question 7: Funding**

Subrecipients may use funds from any source, including any other federal sources, as well as state, local, and private sources, provided that funds from the source are not statutorily prohibited to be used as a match. The subrecipient must ensure that any funds used to satisfy the cash match requirements are not prohibited from being used as a match under the laws governing those funds. In general, program participant mainstream benefits are not considered match in the CoC Program because the benefits are not committed to the subrecipient for the activities funded through the project. Instead, benefits are provided to the program participant and are based on program participant eligibility for that program.

7A. Will it be feasible for the project to be under grant agreement by September 30, 2017? ☐

7B. Is this project proposing to use fund reallocated from the CoCs annual renewal demand *or* is the project applying for funding through the permanent housing bonus?

Reallocation ☐ Permanent Housing Bonus ☐

7C. Does this project propose to allocate funds according to an indirect cost rate?

Yes ☐ No ☐



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7C.1. If yes, please complete the indirect cost rate schedule below

Administering Department/Agency	Indirect Cost Rate	Direct Cost Base

7C.2. Has this rate been approved by your cognizant agency? Yes ☐ No ☐

7C.3. Does the applicant plan to use the 10% de minimis rate? Yes ☐ No ☐

7D. What is the project's grant term? \_\_\_\_\_

7E. Select the costs for which funding is being requested:

Leased Units ☐ Leased Structures ☐ Rental Assistance ☐  
Supportive Services ☐ Operations ☐ HMIS ☐

7F. Leased Units

Total Annual Assistance Requested	\$
Grant Term	1 year
Total Request for Grant Term	\$
Total Units	

7F.2. Leased Units Budget

Size of Units	# of Units	Total Request
SRO		
1 bedroom		
2 bedroom		
3 bedroom		
4 bedroom		
5 bedroom		
6 bedroom		
Total Units and Annual Assistance Requested		

Total Annual Leasing Assistance Requested	
Total # of Units	



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### 7G. Leased Structures Budget

<b>Total Annual Assistance Requested</b>	\$
<b>Grant Term</b>	1 year
<b>Total Request for Grant Term</b>	\$
<b>Total Structures</b>	

Structure Name	Address of Structure	HUD Paid Rent		12 Months	Total Request
			X		
			X		
			X		
			X		
<b>Total Units and Annual Assistance Requested</b>					

### 7H. Rental Assistance Budget Detail

Size of Units (# bedrooms)	S R O	0	1	2	3	4	5	6	7	8	9
# of Units											

### 7I. Supportive Services Budget

Eligible Costs	Quantity Description	Annual Assistance Request
1. Assessment of Service Needs		
2. Assistance with Moving Costs		
3. Case Management		
4. Child Care		
5. Education Services		
6. Employment Assistance		
7. Food		
8. Housing/Counseling Services		
9. Legal Services		
10. Life Skills		
11. Mental Health Services		
12. Outpatient Health Services		



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Eligible Costs	Quantity Description	Annual Assistance Request
13. Outreach Services		
14. Substance Abuse Treatment Services		
15. Transportation		
16. Utility Deposits		
17. Operating Costs (Complete 7F)		
<b>Total Annual Assistance Requested</b>		

### 7J. Operating Budget

Eligible Costs	Quantity Description	Annual Assistance Requested
1. Maintenance/Repair		
2. Property Taxes and Insurance		
3. Replacement Reserve		
4. Building Security		
5. Electricity, Gas, and Water		
6. Furniture		
7. Equipment (lease, buy)		
<b>Total Annual Assistance Requested</b>		

### 7K. HMIS Budget

Eligible Costs	Quantity Description	Annual Assistance Requested
1. Equipment		
2. Software		
3. Services		
4. Personnel		
5. Space and Operations		
<b>Total Annual Assistance Requested</b>		



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### 7L. Sources of Match/Leverage

*7L.1. Summary for Match. Match is: the required amount of cash or in-kind contributions that must be provided based on every budget line item, with the exception of leasing.*

<b>Total Value of Cash Commitments:</b>	\$
<b>Total Value of In-Kind Commitments:</b>	\$
<b>Total Value of All Commitments:</b>	\$

<b>Match Detail:</b>	
<b>a. Type of Commitment:</b>	
<b>b. Name the Source of the Commitment:</b>	
<b>c. Type of Source:</b>	
<b>d. Date of Written Commitment:</b>	
<b>e. Value of Written Commitment:</b>	

<b>Match Detail:</b>	
<b>a. Type of Commitment:</b>	
<b>b. Name the Source of the Commitment:</b>	
<b>c. Type of Source:</b>	
<b>d. Date of Written Commitment:</b>	
<b>e. Value of Written Commitment:</b>	

<b>Match Detail:</b>	
<b>a. Type of Commitment:</b>	
<b>b. Name the Source of the Commitment:</b>	
<b>c. Type of Source:</b>	
<b>d. Date of Written Commitment:</b>	
<b>e. Value of Written Commitment:</b>	

*7L.2. Summary for Leverage. Leverage is: any amount of cash or in-kind contribution that exceeds the required match.*

<b>Total Value of Cash Commitments:</b>	\$
<b>Total Value of In-Kind Commitments:</b>	\$
<b>Total Value of All Commitments:</b>	\$

<b>Leverage Detail:</b>	
<b>a. Type of Commitment:</b>	
<b>b. Name the Source of the Commitment:</b>	
<b>c. Type of Source:</b>	
<b>d. Date of Written Commitment:</b>	
<b>e. Value of Written Commitment:</b>	



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<b>Leverage Detail:</b>	
<b>a. Type of Commitment:</b>	
<b>b. Name the Source of the Commitment:</b>	
<b>c. Type of Source:</b>	
<b>d. Date of Written Commitment:</b>	
<b>e. Value of Written Commitment:</b>	

<b>Leverage Detail:</b>	
<b>a. Type of Commitment:</b>	
<b>b. Name the Source of the Commitment:</b>	
<b>c. Type of Source:</b>	
<b>d. Date of Written Commitment:</b>	
<b>e. Value of Written Commitment:</b>	

### 7M. Summary Budget

Eligible Costs	Assistance Requested
1a. Leased Units	\$
1b. Leased Structures	\$
2. Rental Assistance	\$
3. Supportive Services	\$
4. Operating	\$
5. HMIS	\$
6. <i>Subtotal</i>	\$
7. Admin (up to 10% of <i>Subtotal</i> )	\$
8. <i>Total Assistance plus Admin Requested</i>	\$
9. Cash Match	\$
10. In-Kind Match	\$
11. Total Match	\$
11. Total Budget	\$

**Question 8: Attachments.** If the applicant organization is a nonprofit, then proof of nonprofit status is required. Please attach *proof of organization's nonprofit status* to the back of the application.





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Signature by authorized official:

*I have read the Notice of Funding Availability (NOFA) for the FY2015 Continuum of Care  
Program Competition and the Continuum of Care Interim Regulations.*

\_\_\_\_\_  
Name (printed)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Submit the application by the **deadline** to Ivana Yeung, Planner II through any of the following delivery methods:

Mail: Ivana Yeung, Planner II Department of Planning and Building 976 Osos Street, Room 300 San Luis Obispo, CA 93408	Hand Deliver: Ivana Yeung Department of Planning and Building Annex 1035 Palm Street, Room 370 San Luis Obispo, CA 93408
Fax: (805) 781-5624	Email: <a href="mailto:iyेung@co.slo.ca.us">iyеung@co.slo.ca.us</a>